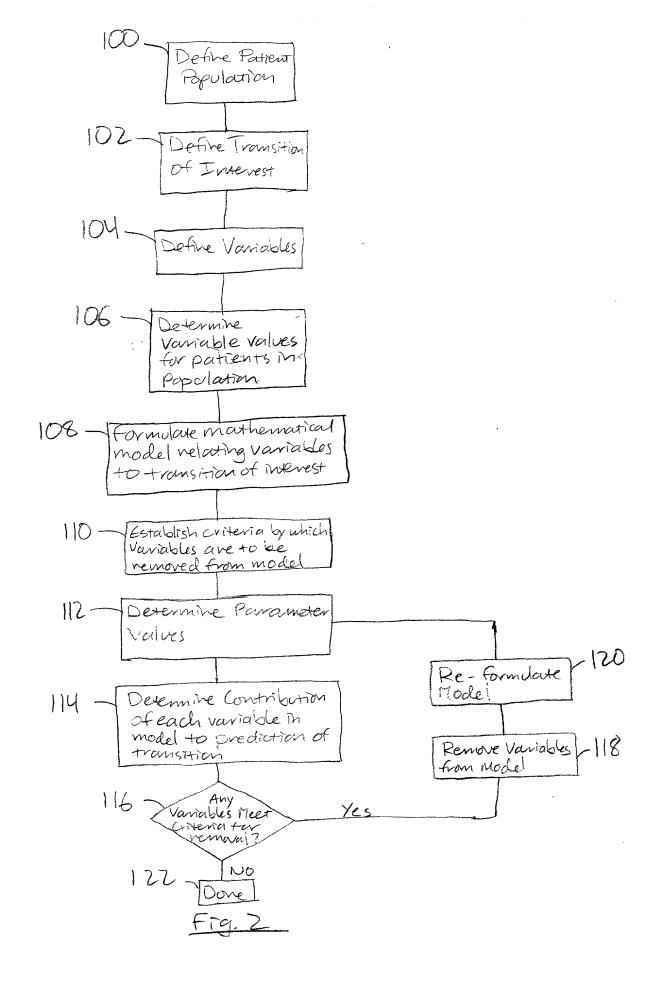


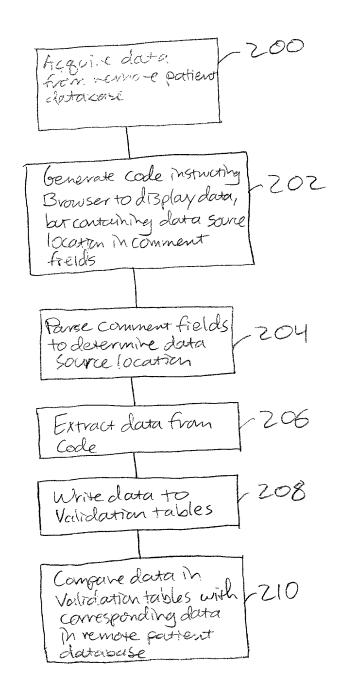
Fig. 1



Variable	Variable Name [*]	Variable Categorization		
High Cost in Index	НС	1: High Cost		
Year		0: Not High Cost		
Total Cholesterol	TC ₁ , TC ₂ TC ₃	0: < 240 and compliant		
		1: Non-compliant		
		2: ≥ 240 and compliant		
LDL Cholesterol	LC_1, LC_2, LC_3	0: < 160 and compliant		
	., .,	1 Non-compliant		
		2: ≥ 160 and compliant		
Creatinine	CR ₁ , CR ₂ , CR ₃	0 < 48.3 and compliant		
	: -	1 Non-compliant		
		$2: \ge 48.3$ and compliant		
Microalbumin	MA ₁ , MA ₂ , MA ₃	0: < 30 and compliant		
		1: Non-compliant		
		$2: \ge 30 \text{ and} < 300 \text{ and}$		
		compliant		
		3: ≥ 300 and compliant		
Hemoglobin A1C	HB ₁ , HB ₂ , HB ₃	0: < 7.5 and compliant		
		1: Non-compliant		
		2: ≥ 7.5 and Compliant		
PCP Compliance	PCP ₁ , PCP ₂ , PCP ₃	0: Compliant		
	,	1: Non-compliant		
Ophthalmology	OP_1, OP_2, OP_3	0: Compliant		
Compliance		1: Non-compliant		
Gender	GEN	0: Male		
		1: Female		
Age	AGE	0: < 45		
		$1: \ge 45 \text{ and } < 65$		
		2: ≥ 65		
Number of Severe	NS	0: 0 diagnoses		
Inpatient		1: 1 or 2 diagnoses		
Diagnoses		2: > 2 diagnoses		
Cost in TP ₃	CS	NA (continuous)		

Fig. 3

Patient								l	Ţ.	1
Number	1	2	3	4	5	6	7	8	9	10
HC	0	1	1	0	0	0	0	0	 	
TC ₁	0	1	1	1	1	0	0	1	0	0
TC ₂	0	0	0	0	1	0				
	0	1	1	0	1	2	0	0	0	0
TC ₃	0	1	1	1	1	0	0	1	0	1
LC ₁	0	0	0	0	1	2	0	0	0	0
LC ₂	0	1	1	0	1	2	0	0	0	0
CR ₁	1	1	1	1	1	1	1 1	1	1	1
CR ₂	1	1	1	1	0	1	1	1	1	1
CR ₃	0	1	1	2	1	1	1	0	1	1
MA ₁	0	1	1	1	1	1	1	1	1	1
MA ₂	1	2	3	0	1	1	1	1	1	0
MA ₃	0	2	1	0	1	2	1	2	2	0
PCP ₁	1	1	1	1	0	1	1	1	0	1
HB ₁	0	1	1	1	1	2	2	1	2	2
HB ₂	0	0	2	2	1	1	2	0	2	2
HB ₃	0	1	2	2	1	2	2	0	2	0
PCP ₂	1	1	1	1	0	1	1	1	0	1
PCP ₃	1	1	1	1	0	1	1	1	1	1
OP ₁	0	0	0	0	0	0	0	1	1	0
OP ₂	0	1	1	0	0	0	1	1	0	1
OP ₃	0	1	0	, 0	0	0	0	0	1	1
GEN	1	0	0	0	0	0	0	0	0	1
AGE	1	2	1	1	1	1	1	1	2	2
NS	0	1	0	0	0	0	0	0	0	0
CS	\$974	\$4613	\$377	\$1011	\$773	\$436	\$1163	\$475	\$1687	\$3068
Index										
Year	\$429	\$28181	\$10468	\$85	\$964	\$7145	\$8534	\$158	\$9583	\$4629
Cost	<u> </u>									
Risk										
Score for	١.	400								
High	1	100	61	3	<1	21	31	1	1	49
Cost in										
TP ₄	<u> </u>					<u> </u>				



Listing 1: Example of the use of invisible identifier tags in HTML code

Patient:

<FirstName on Table A>John
/FirstName on Table A>
ClastName on Table A>
Doe
/LastName on Table A>

>

Phone Number:

<PhoneNumber on Table A>(888) 888-8888/PhoneNumber on Table A>

Fig. 6A

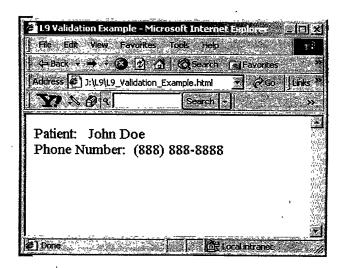


Fig. 6B

Non-compliant Patient Parameters:	
Enrollment	Primary Care Physician
TRICARE Prime	All ,
MTF	Assigned to Care Manager
All	All
Clinic	
All	\$ 2 2 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
☐ Age ☐ Risk Index ☐ HbA1c Value	
Order By: Alphabetically By Risk Index	
Generate List	

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NOTE: This is a demo herein is not associated **NOTE:** This is a demo program. The clinical data displayed herein is not associated with any real persons.

Non Compliant Patients

	ALL	Creatinine	HbA1c
	A B	C D E F	G H
		The control of the co	<u> </u>
	AADLA	ND,ERIC A	30
of the state	ABA,JC	YCÉ K	60
N THE	ABBOT	T,RALPH R JR	48
The	ABELL	,DAVID	42
Hame Hame	ABELL	,DONALD	60
	ABELL	,JAMES C	30
ļah	ABELL	,ROLAND J	36
	ACEVE	EDO,DORIS L	36
	ACEVE	EDO MELISSA M	36
	NEXT 100		The second secon

Non-Compliant Patients: 7119 Compliant Patients: 424

Total:

7543

Fig. 8A

Save List

Non Compliant Patients

,	ALL	Creatinir	ne	HbA1	>
4					D
10	0 - 91	90 - 81	80	- 71	
4					1
0	HILL,VI	KKI K		99	H
0	PAULSE	EN,LAMONT	•	99	
•	RYALS,	PHILLIP E		99	
9	ESTES,	CARRIE L		96	
9	HAYWO	OOD,BETTY	J	96	
9	IRWIN,I	LESTER E.		96	
9	MARCU	M,ROGER N	1	96	
9	MCKINI	NEY,WILLIA	AM A JR	96	
	MILLS	CHARLESE		96 •	*.

Non-Compliant Patients: 7119 Compliant Patients: 424

Total:

7543

Enrollment:TRICARE Prime Clinic:ALL Provider:ALL

MTF:ALL

Outreach

History

Case Manager: ALL

Outreach:

Protocol

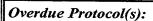
Lab History

Phone Call

Email / Letter

Diabetic?

Contact



Diagnoses

LDL Cholesterol: Due 7/24/2000: due every 6 months.

Assignments

Ophthalmology: Due 12/15/1996: due every 12 months.

HbA1c: Due 7/25/2000: due every 6 months.

Patient Name:

ALVARADO, SAUL R

Diabetes:

Not Confirmed

Telephone:

555-555-1212

Address:

X XXXX XXXX

City, State. Zip:

xxx xxxx, xx 78242

FMPSSN:

XXXXXXXX

DOB:

5/5/40

Clinic:

WHMC TRICARE HMO / BHAA

MTF:

WILFORD HALL

Enrollment:

TRICARE Prime

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Fig. 9

Enrollment:TRICARE Prime
Clinic: AT I

MTF:ALL

Case Manager:ALL

Patient: ALVARADO, SAUL R

© None	C No Answer	
C Left Message	C Spoke with Patient	
Contact Notes		
Record Contact	Close	

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Fig. 10